

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: VERFAHREN ZUM EXTRAHIEREN EINES ZAHNES
Attorney Docket Number:: HOE-809
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 3
Small Entity?:: No
Petition Included?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Gabor
Family Name:: Hermann
City of Residence:: Tuttlingen
Country of Residence:: Germany
Street of Mailing Address:: Untere Hauptstrasse 3
City of Mailing Address:: Tuttlingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: 78532

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number::	20028	
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ASSIGNEE INFORMATION

Assignee Name:: AESCULAP AG & Co. KG
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City of Mailing Address:: Tuttlingen
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